Contextual Variables, Emotional State, and Current and Expected Quality of Life in Breast Cancer Survivors

Theresa A. Kessler, PhD, RN, CS

Purpose/Objectives: To determine the relationship between contextual variables, emotional state, and quality of life (QOL) now and expectations for the future in survivors of breast cancer.

Design: Descriptive and nonexperimental.

Setting and Sample: 148 volunteers and women with breast cancer involved in a program by the American Cancer Society. Most subjects were middle-aged (X = 52.4, SD = 11.56), were married (72%), and had graduated high school (38%). Time since diagnosis was 0.3–19 years (X = 3.54, SD = 3.61); 74% were diagnosed more than five years ago, 54% were not receiving any treatment, and 66% had localized breast cancer.

Methods: At home, participants completed a self-report survey for personal and contextual variables, Positive and Negative Affect Scale, QOL Measurement, and Global Life Satisfaction Scale.

Main Research Variables: Time since diagnosis, extent of cancer, emotional state, QOL, and global life satisfaction.

Findings: Women had high positive affect (X = 37.96) and low negative affect (X = 17.13). QOL and life satisfaction were high. Time since diagnosis and extent of disease were related weakly to negative affect and QOL (p < 0.001). Positive and negative affect were moderately related to QOL and life satisfaction (p < 0.001). Current personal life satisfaction was significantly greater than breast cancer survivors’ estimates for “most people,” and survivors expected life satisfaction to increase significantly over five years (p < 0.001). Significant differences in QOL were found between those who were diagnosed recently and those who were diagnosed 10 or more years previously.

Conclusions: Despite breast cancer, women have positive affect, good QOL, and life satisfaction. Contextual variables were related weakly to outcomes; emotions were related more strongly to outcomes. Survivors were more satisfied with life than they estimated others to be and expected satisfaction to increase in the future.

Implications for Nursing: Nurses may use these findings to encourage patients who are newly diagnosed with breast cancer. Women with breast cancer adapt well despite potential negative outcomes, and survivors even report better QOL than they estimate for most people.

Key Points . . .

➤ Despite the negative impact of treatment on day-to-day life, women with breast cancer can have a positive outlook for their futures and adapt to treatment with a good quality of life.

➤ Time since initial diagnosis of breast cancer and extent of disease at diagnosis both are related to quality of life.

➤ Survivors of breast cancer estimate their personal life satisfaction as significantly greater than most people and expect their life satisfaction to increase significantly in five years.

By the end of 2002, an estimated 203,500 new cases of invasive breast cancer and almost 54,300 additional cases of in situ breast cancer will be diagnosed (American Cancer Society [ACS], 2002). Breast cancer is the most common cancer among women, excluding cancers of the skin, and it accounts for one of every three cancers diagnosed in the United States. A woman in the United States has a 12.5% chance (one in eight) of developing breast cancer in her lifetime (ACS, 2001). Because of advances in early detection and treatment, more and more women survive breast cancer. The five-year survival rate for women after initial diagnosis of localized breast cancer is about 96% (ACS, 2001). If breast cancer spreads regionally, the survival rate after five years is almost 77%. Thus, understanding how women adapt and live with breast cancer is key to helping them cope beyond initial diagnosis and treatment. The purpose of this study was to determine the relationship between contextual variables (i.e., time since diagnosis, extent of disease, and type of treatment), emotional state, and quality of life (QOL) in survivors of breast cancer.

Literature Review

Discovering a lump in the breast and the diagnosis of breast cancer inevitably create the potential for extreme concern and stress (Lierman, 1988) that may disrupt QOL. Definitions of QOL are numerous and have been inconsistent in the literature (Farquhar, 1995; King et al., 1997). Experts generally agree that QOL represents a subjective phenomenon that is multidimensional and involves physical, psychological, emotional, social, and spiritual well-being (King et al.). Many measures of QOL assess overall daily functioning.